

Key program elements and status

PRIORITIES	OBJECTIVES	STATUS IN 2015
Prevent	Reduce sharing of injecting equipment among people who inject drugs by 25%.	Receptive syringe sharing remained stable in 2015 at 16% .
	Ensure the Needle and Syringe Program (NSP) is meeting the needs of at-risk populations by increasing the number and diversifying the types of NSP outlets.	<ul style="list-style-type: none"> Injecting equipment distributed in NSW increased by 6% (compared to 2014). <ul style="list-style-type: none"> - 7% increase by the public NSP (compared to 2014) - Pharmacy NSP was stable (compared to 2014) NSP outlets increased by 5% in 2015 compared to 2014 The NSW NSP Outlet Directory is available on the NSW Health website at: http://www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx
	Strengthening partnerships with key stakeholders, including Local Health Districts, community organisations, and State Wide Services to improve efficiency and effectiveness to achieve the prevention target.	The NSP Partnership Service Improvement Project (SIP) has been established in Murrumbidgee and South Eastern Sydney LHDs to better use existing resources and achieve improved outcomes for people who inject drugs in identified areas of need.
Test	Improve hepatitis C testing.	Over 504,400 hepatitis C tests (antibody) in NSW (3.8% more than 2014).
Manage and treat	Improve access to services providing hepatitis C monitoring and treatment.	4532 people with chronic hepatitis C were assessed for treatment: <ul style="list-style-type: none"> • 14% more than 2014. • 30% more than 2013. • 8% were Aboriginal people (344). 1215 people started treatment: <ul style="list-style-type: none"> • 17% more than 2014. • 14% more than 2013. • 8% were Aboriginal people (103).



¹ The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052

² The Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2015. The Kirby Institute, UNSW Australia Sydney NSW 2052

³ The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052

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SHPN (CPH) 160064)

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NSW Ministry of Health, Snapshot of the NSW Hepatitis C Strategy 2014-2020, September 2016.

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SNAPSHOT
June
2016



NSW Hepatitis C Strategy

2014-2020

Hepatitis C is a blood-borne virus that affects the liver. About three quarters of people infected with hepatitis C develop chronic (long-lasting) infection without treatment and some eventually develop liver failure or cancer of the liver.

In Australia, approximately 230,470 people are living with chronic hepatitis C, with about 82,000 people from NSW¹.


The rate of hepatitis C diagnosis among Aboriginal and Torres Strait Islander people in Australia is almost five times higher than the rate in the non-Indigenous population².

About 90 per cent of new hepatitis C infections are attributable to sharing injecting equipment. Many hepatitis C infections have been prevented from occurring through improved access to opioid substitution therapy and the NSW Needle and Syringe Program.


Of the people in NSW estimated to be living with chronic hepatitis C at the end of 2014, 66,050 had early to moderate fibrosis and 15,901 had severe fibrosis and hepatitis C related cirrhosis³. Treatment uptake is currently low, with 1628 people receiving treatment in the same year.

However, the availability of new direct acting antiviral therapy through the Pharmaceutical Benefits Scheme means that safer and highly effective hepatitis C treatment is available from 1 March 2016.


“ The new treatments have a cure rate of greater than 90 per cent. ”



PREVENT



TEST



MANAGE AND TREAT




Targets by 2020

- reduce sharing of injecting equipment among people who inject drugs by 25%
- increase the number of people accessing hepatitis C treatment in NSW by 100%*

* Target to be updated as new treatments become available

NSW Hepatitis C Strategy 2014-2020

In 2015, progress has been made in increasing access to and uptake of services for prevention, testing, management and treatment. The NSW Hepatitis C Strategy outlines key actions and targets to be achieved in NSW. It is an exciting time for breakthroughs in hepatitis C treatment, with safer and more effective treatments available from 1 March 2016. The release of new direct acting antiviral therapy means that the target for increasing access to treatment will be revised upwards to ensure that access to new treatments is available to everyone. NSW is committed to its work to expand the number and types of services and settings able to provide hepatitis C treatment.

- 
PREVENT: Build on established hepatitis C prevention efforts
- 
TEST: Improve hepatitis C testing
- 
MANAGE AND TREAT: Improve access to services providing hepatitis C



Progress in 2015



New HETI **eLearning module** 'Stigma, Discrimination and Injecting Drug Use' for NSW Health workforce.



Over **504,400** hepatitis C tests (antibody) in NSW (3.8% more than 2014).




4532 people with chronic hepatitis C were assessed for treatment.




1215 people started treatment.



New treatments available **1 March 2016** – highly effective, few side effects, short duration.





Almost **2 in 10** people living with chronic hepatitis C had severe fibrosis and hepatitis C related cirrhosis in 2014 (in NSW)³

